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PHILIP S. JOHNSON
JOHNSON & JOHNSON
ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK, NJ 08933-7003

11/13/2006 HDEMESS2 00000073 100750 10684537

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Shari Lipari	(Depositor's name)
Shari Lipari	(Signature)
11-10-2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,537	10/14/2003	Robert E. Boyd	PRD 0053 NP	5610

TITLE OF INVENTION: SUBSTITUTED AMINOQUINUCLIDINE COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	$1400	$300	$0	$1700	11/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
OWENS, AMELIA A	1625	514-305000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 John Harbour
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: ORTHO-MCNEIL PHARMACEUTICAL, INC.
(B) RESIDENCE: (CITY and STATE OR COUNTRY): Raritan, NJ

Recordal Date: 02/23/2006
Reel/Frame: 013446/0303

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____ Date 11/10/06

Typed or printed name John Harbour Registration No. 31,365

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